

INTRODUCTION TO MI-AIMH *COMPETENCY GUIDELINES* AND ENDORSEMENT[®]

MI-AIMH

The Michigan Association for Infant Mental Health (MI-AIMH) is an interdisciplinary, professional organization established to promote and support the optimal development of infants, very young children, and families through relationship-focused workforce development and advocacy efforts. Incorporated in 1977, MI-AIMH has offered training and education related to infant mental health principles and practices to individuals and groups for almost 40 years. Hundreds of service providers participate annually in state, local, or regional trainings that are designed to build a more skillful and confident workforce. Over 600 professionals attend the highly acclaimed MI-AIMH Conference every other year. Many more professionals benefit from MI-AIMH publications such as the *Infant Mental Health Journal* and *The Infant Crier*, as well as materials and learning tools that support early relationship development. With an annual membership of nearly 1,000 infant and family professionals and 13 chapters, MI-AIMH is proud of its role as an association promoting infant mental health principles and practices.

Competency Guidelines¹

Inspired by the work of Selma Fraiberg and her colleagues who coined the phrase infant mental health (Fraiberg, 1980), practitioners in Michigan designed a service model to identify and treat developmental and relationship disturbances in infancy and early parenthood. The pioneering infant mental health specialists were challenged to understand the emotional experiences and needs of infants while remaining curious and attuned to parental behavior and mental health needs within the context of developing parent-child relationships. Specialists worked with parents and infants together, most often in clients' homes but also in clinics and settings for assessment and service delivery. [Intervention and] treatment strategies varied, including concrete assistance, emotional support, developmental guidance, early relationship assessment and support, infant parent psychotherapy, and advocacy (Weatherston, 2001).

As infant mental health practice evolved in Michigan, clinicians, university faculty, and policymakers became increasingly concerned about the training needs of all infant-family professionals related to infant mental health principles and practices. Competency, as determined by expert consensus, required the development of a unique knowledge base, clinical assessment, and intervention/treatment skills specific to infancy and early parenthood, and reflective supervisory experiences that would lead to best practice. These basic components were approved by the MI-AIMH Board of Directors in 1983 and outlined in the MI-AIMH *Training Guidelines* (1986) to guide pre-service, graduate, and in-service training of infant mental health specialist in institutes, colleges, universities, and work settings.

In 1990, the National Center for Infants, Toddlers and Families (now known as ZERO TO THREE) published TASK Documents, emphasizing specialized knowledge, areas of skill, and direct service experiences with infants and very young children that would promote competency among professionals in the infant and family field. Although not focused on the practice of infant mental health, the ZERO TO THREE publication reinforced the importance of theory and supervised practice to the development of competency for professionals serving infants, very young children, and their families (ZERO TO THREE, 1990).

By the mid-1990s, federal legislation under the *Individuals with Disabilities Education Act* (IDEA) (1990) and Public Law 99-457-Part H (1994) gave further impetus across the country to serve infants and very young children from a family perspective and to identify core competencies for the preparation of personnel working with them. By 1996, the Michigan Department of Education (MDE), the lead agency for Part H, recognized five areas of competency for early interventionists across many disciplines who work with children from birth to three years and their families. These areas included theoretical foundations, legal/ethical foundations, interpersonal/team skills, direct service skills, and advocacy skills.

In 1996, a group of MI-AIMH members in the Detroit area discussed the role of infant mental health practitioners and concluded that there was a need for an endorsement or certification process for infant mental health practitioners in

¹ Excerpted and updated from Weatherston, D., Kaplan-Estrin, M., & Goldberg, S. (2009). Strengthening and recognizing knowledge, skills, and reflective practice: the Michigan Association for Infant Mental Health Competency Guidelines[®] and Endorsement[®] process. *Infant Mental Health Journal*, 30(6), 648-663.

Michigan. When their conclusions were presented to the MI-AIMH Board, most board members were not convinced that the organization should work toward such a process. Nevertheless, recognizing the work done by ZERO TO THREE, federal legislation, and the MDE in relation to early intervention and understanding that infant mental health is a specialization within the early intervention field, a group of MI-AIMH members in Detroit later formed a work group in 1997 to identify early intervention competencies specific to infant mental health, expanding the 5 core areas identified by the MDE. The 12-member group was made up of experts in the infant mental health field, including seasoned practitioners, program supervisors, university faculty, and policy experts. They represented many disciplines, including social work, psychology, early childhood, special education, child and family development, and nursing.

By 1997, the group had agreed upon, and the 40-member MI-AIMH Board approved, a set of competencies that were framed around eight areas of expertise, linking the competencies identified in the MI-AIMH *Training Guidelines* (1986) with the TASK Documents published by ZERO TO THREE (1990) and the competencies developed by the MDE in 1996. The eight areas included Theoretical Foundations; Law, Regulation, and Agency Policy; Systems Expertise; Direct Service Skills; Working With Others; Communicating; Thinking; and Reflection. The work on the competencies reflected the following belief (ZERO TO THREE, 1990): “The development of competence to work with infants, very young children, and their families involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential as the acquisition of scientific knowledge and therapeutic skill” (p. 18). Significant to these standards was the inclusion of reflection as integral to best practice in the infant and family field.

During the next few years, the MI-AIMH work group expanded the competencies to detail the practice of professionals from multiple disciplines who worked in many different ways with infants, very young children, and families. MI-AIMH hired a professional skilled in the developments of workforce credentialing to work directly with MI-AIMH members to detail service strategies specific to the promotion of infant mental health. These strategies reflected commitment to the definition of infant mental health as developed by Zeanah & Zeanah (2001): “The field of infant mental health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural context” (p. 14). Members drew on the significant understanding of other leaders in the field (Fitzgerald & Barton, 2000; Lieberman, Silverman, & Pawl, 2000; McDonough, 2000; Shirilla & Weatherston, 2002; Trout, 1985). To thoroughly capture service strategies, committee members reviewed work details included in personal work journals and held focus groups to discuss the relevance of the competencies to the promotion of infant mental health across disciplines, in various work settings, and at multiple service settings. Interdisciplinary work groups reviewed the materials and reached consensus around a set of core competencies, expanded to four settings. Their efforts resulted in this detailed publication.

The intent of this publication is to provide a guide for those working with pregnant women and families with children ages birth to three years and for those offering training to them; however, professionals who contributed to these *Competency Guidelines* agreed that they are appropriate to guide those working with young children up to five years (or 47 months) and their families. The overarching principle of the guidelines is that all development occurs within the context of relationships. Each competency detail and the behaviors identified in these guidelines promote this basic understanding.

The *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®* was developed over a 10-year period and launched in 2002. Competency-based, the Endorsement® is a reflection of MI-AIMH’s commitment to best practices in the infant and family field. Central to the Endorsement® is this document, the *MI-AIMH Competency Guidelines®*, that identifies knowledge, skills, and reflective practice approaches that support the development of competency across disciplines and in multiple service settings. These competencies provide the framework for the MI-AIMH Endorsement®.

The intent of the MI-AIMH Endorsement® is to recognize the professional development of infant and family service providers within the diverse and rapidly expanding infant and family field. Endorsement® verifies that an applicant has attained a specified level of functioning and understanding about the promotion of infant mental health and provides a level of assurance to families, agencies, and the public at large that the person who provides services to infants and their families meets standards that have been approved by a professional organization devoted to the optimal development of very young children.

The MI-AIMH Endorsement® offers individuals in the infant and family field a professional development plan that focuses on principles, best practice skills, and reflective work experiences that lead to increased confidence and credibility within the infant and family field. The MI-AIMH Endorsement® will inform prospective employers, agencies and peers about

culturally sensitive, relationship-focused practice promoting infant mental health. Those who earn the MI-AIMH Endorsement® will be recognized for their education, training, leadership roles, and work experiences within the infant and family field.

There are four levels of competency within the MI-AIMH Endorsement®:

- I. Infant Family Associate
- II. Infant Family Specialist
- III. Infant Mental Health Specialist
- IV. Infant Mental Health Mentor

Each level recognizes the educational experiences, specialized in-service training experiences, and work experiences appropriate for best service outcomes for infants, very young children, and families. Detailed information about the requirements for specialized education, work, in-service training, and reflective supervision/consultation experiences are different at each level and can be found within this publication. Details regarding how one can apply for and earn Endorsement® can be found at <http://mi-aimh.org/endorsement/>

References

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- Individuals with Disabilities Act. (1990). U.S. Department of Education.
- Lieberman, A.F., Silverman, R., & Pawl, J.H. (2000). Infant–parent psychotherapy: core concepts and current approaches. In C. Zeanah (Ed.), *Handbook of Infant Mental Health* (pp. 472-484). New York: Guilford Press.
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- Weatherston, D. (2001). Infant mental health: a review of relevant literature. *Psychoanalytic Social Work*, 8(1), 39-69.
- Zeanah, C.H., & Zeanah, P.D. (2001). Towards a definition of infant mental health. *Journal of Zero to Three*, 21(7), 13-2.
- ZERO TO THREE: National Center for Clinical Infant Programs. (1990). *Preparing Practitioners to Work With Infants, Toddlers and Their Families: Issues and Recommendations for the Professions*. Arlington, VA: ZERO TO THREE.

Idaho Association for Infant & Early Childhood Mental Health

Competency Guidelines®

INFANT FAMILY ASSOCIATE (I)

The Infant Family Associate (I) *Competency Guidelines®* were developed by the Michigan Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that demonstrate competency at this level.

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<p>Theoretical Foundations</p> <p><u>Knowledge Areas</u></p> <p><i>pregnancy & early parenthood</i></p> <p><i>infant/very young child development & behavior</i></p> <p><i>infant/very young child & family-centered practice</i></p> <p><i>relationship-focused practice</i></p> <p><i>family relationships & dynamics</i></p> <p><i>attachment, separation, trauma, grief, & loss</i></p> <p><i>cultural competence</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Informally (and in some cases, formally) observes and assesses the infant or very young child, parent, and their relationship to identify landmarks of typical child development; behavior; and healthy, secure relationships • Supports and reinforces parent's ability to seek appropriate care during pregnancy • Supports and reinforces parent's strengths, emerging parenting competencies, and positive parent-infant/very young child interactions • Demonstrates awareness of conditions that optimize early infant brain development • Recognizes conditions that require the assistance of other service providers and refers these situations to the supervisor • Shares with families an understanding of infant and family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each family's culture
<p>Law, Regulation, & Agency Policy</p> <p><u>Knowledge Areas</u></p> <p><i>ethical practice</i></p> <p><i>government, law, & regulation</i></p> <p><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family's information in all contexts, with exception only when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn) • Maintains appropriate personal boundaries with infants/very young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children's Protective Services after discussion with supervisor • Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/very young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families • Is knowledgeable about the rights of citizen children of non-citizen parents • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Federal and state law ○ Agency policies and practices ○ Agency code of conduct

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<p>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> Assists families to anticipate and obtain the basic requirements of living and other needed services from public agencies and community resources Collaborates and communicates with other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community Makes families and service providers/agencies aware of community resources available to families during pregnancy, the newborn period, and the early years
<p>Direct Service Skills</p> <p><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates needed change Uses example, encouragement, and, when appropriate, own life experience to: <ul style="list-style-type: none"> Empower families to become socially and emotionally self-sufficient Create nurturing, stable infant/young child-caregiver relationships Provides direct care and teaching/developmental activities to infant, very young children, and families with multiple, complex risk factors to help ensure healthy pregnancy outcomes and the optimal development of the child in all domains (physical, social, emotional, cognitive) Participates in formal and informal assessments of the infant's/young child's development, in accordance with standard practice Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change Provides information and assistance to parents or caregivers to help them: <ul style="list-style-type: none"> Understand their role in the social and emotional development of infants/very young children Understand what they can do to promote health, language, and cognitive development in infancy and early childhood Find pleasure in caring for their infants/very young children Promotes parental competence in: <ul style="list-style-type: none"> Facing challenges Resolving crises and reducing the likelihood of future crises Solving problems of basic needs and familial conflict Note: <i>In some agencies, this may be the responsibility of the supervisor/Infant Family Specialist (II) practitioner</i> Advocates for services needed by infants, child(ren) and families with the supervisor, agencies, and programs Recognizes environmental and caregiving risks to the health and safety of the infant/young child and parents and takes appropriate action

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Working With Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p>	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> ○ Respecting and promoting the decision-making authority of families ○ Understanding and respecting the beliefs and practices of the family's culture ○ Following the parents' lead ○ Following through consistently on commitments and promises ○ Providing regular communications and updates • Works with and responds to families and colleagues in a tactful and understanding manner • Collaborates and shares information with other service providers and agencies to ensure the safety of the infant/young child and effective, coordinated services, and promote awareness of relationship-focused approaches to working with children • Works constructively to find “win-win” solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>listening</i></p> <p style="text-align: center;"><i>speaking</i></p> <p style="text-align: center;"><i>writing</i></p>	<ul style="list-style-type: none"> • Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier • Writes clearly, concisely, and with the appropriate style (business, conversational, etc) in creating notes, reports, and correspondence
<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>analyzing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organizing</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” when analyzing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, ensuring follow-up, and monitoring the effectiveness of service delivery as a whole

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<div>Reflection</div> <div>Skill Areas</div> <div>contemplation</div> <div>self awareness</div> <div>curiosity</div> <div>professional/personal development</div> <div>emotional response</div>	<ul style="list-style-type: none">• Regularly examines own thoughts, feelings, strengths, and growth areas• Seeks the ongoing support and guidance of the supervisor to:<ul style="list-style-type: none">○ Ensure that family progress and issues are communicated and addressed○ Determine actions to take○ Help maintain appropriate boundaries between self and families• Seeks a high degree of agreement between self-perceptions and the way others perceive him/her• Remains open and curious• Identifies and participates in appropriate learning activities• Keeps up-to-date on current and future trends in child development, behavior, and relationship-focused practice• Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work• Understands capacity of families to change• Recognizes areas for professional and/or personal development

Endorsement® Requirements

Education and/or Work Experience	Any academic degree, including Bachelors, Masters, Doctorate OR Official transcript/certificate from Child Development Associate (CDA) OR Official transcript from Associate's degree (AD) in related area OR Two years of infant and early childhood-related paid work experience ² (include official transcripts from any college courses completed)
Training	Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in <i>Competency Guidelines®</i>) have been met
Professional Reference Ratings	Total of three ratings: 1. One must come from a current supervisor 2. At least one must come from an individual who meets MI-AIMH Endorsement® requirements at Level II, III, or IV OR is familiar with the Competency Guidelines® and vetted by MI-AIMH ³ 3. One can come from a colleague, or a parent/recipient of services (paid or volunteer), teacher, CDA mentor, Board member
Code of Ethics & Endorsement® Agreement	Signed
Documentation of Competencies	Application will document that competencies have been adequately met through course work, paid and/or volunteer work experiences, or in-service training. Written examination not required for applicants seeking Infant Family Associate Endorsement®
Professional Membership	Membership in Aim Early Idaho

Continuing Endorsement® Requirements

Education & Training	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in IMH association sponsored activities such as book club, mentorship group). Documentation of training hours submitted with membership renewal
Professional Membership	Annual renewal of membership in Aim Early Idaho
Reflective Supervision	All Endorsed professionals are encouraged to seek reflective supervision or consultation

² Volunteer experience may meet this criterion if it was a) supervised experience with women during pregnancy or with infants, toddlers, & families AND b) included specialized training. Examples include CASA, Doula, Child Life Specialist. Please contact your association's Endorsement® Coordinator to see if your volunteer experience fits.

³ The vetting of a reference rater who is not endorsed consists of a phone call with the proposed rater so Endorsement Coordinator® can determine if proposed rater has a copy of the Competency Guidelines® and is familiar enough with them to rate the applicant's knowledge and skills as defined in them. The decision to accept the vetted reference rater will be documented by Endorsement® Coordinator in the References section of the applicant's EASy application.

Idaho Association for Infant & Early Childhood Mental Health

Competency Guidelines®

INFANT FAMILY SPECIALIST (II)

The Infant Family Specialist (II) *Competency Guidelines®* were developed by the Michigan Association for Infant Mental Health aka Aim Early Idaho to clearly describe the areas of expertise, responsibilities, and behaviors that can demonstrate competency at this level.

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Theoretical Foundations</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood</i></p> <p style="text-align: center;"><i>infant/very young child development & behavior</i></p> <p style="text-align: center;"><i>infant/very young child & family-centered practice</i></p> <p style="text-align: center;"><i>relationship-focused, therapeutic practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>disorders of infancy/early childhood</i></p> <p style="text-align: center;"><i>cultural competence</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • During observations and assessments, identifies emerging competencies of the infant and very young child within a relationship context • Supports and reinforces parent's capacity to seek appropriate care during pregnancy • Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/very young child interactions and relationships • Helps parents to: <ul style="list-style-type: none"> ○ "See" the infant/very young child as a person, as well as all the factors (playing, holding, teaching, etc) that constitute effective parenting of that child ○ Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/very young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimize early infant brain development • Recognizes risks and disorders of infancy/early childhood conditions that require the assistance of other professionals from health, mental health, education, and child welfare systems • Shares with families an understanding and appreciation of family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture
<p style="text-align: center;">Law, Regulation, & Agency Policy</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>ethical practice</i></p> <p style="text-align: center;"><i>government, law, & regulation</i></p> <p style="text-align: center;"><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn) • Maintains appropriate personal boundaries with infants/very young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children's Protective Services • Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/very young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families and other service providers working with the family • Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Federal and state law ○ Agency policies and practices ○ Professional code of conduct

COMPETENCY DETAILS

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Systems Expertise</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources Actively seeks resources to address infant/very young child and family needs Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community Makes families and service providers/agencies aware of community resources available to families
<p style="text-align: center;">Direct Service Skills</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other, and that facilitates needed change Provides services to children and families with multiple, complex risk factors Formally and informally observes the parent(s) or caregiver(s) and infant/very young child to understand the nature of their relationship, developmental strengths, and capacities for change Conducts formal and informal assessments of infant/very young child development, in accordance with established practice Effectively implements relationship-focused, therapeutic parent-infant/very young child interventions that enhance the capacities of parents and infants/very young children Provides information and assistance to parents/or caregivers to help them: <ul style="list-style-type: none"> Understand their role in the social and emotional development of infants/very young children Understand what they can do to promote health, language, and cognitive development in infancy and early childhood Find pleasure in caring for their infants/very young children Nurtures the parents' relationship with each other, if one exists; alternatively, helps the custodial parent manage appropriate contact with the non-custodial parent Promotes parental competence in: <ul style="list-style-type: none"> Facing challenges Advocating on behalf of themselves and their children Resolving crises and reducing the likelihood of future crises Solving problems of basic needs and familial conflict Advocates for services needed by children and families with the supervisor, agencies, and programs Recognizes environmental and caregiving risks to the health and safety of the infant/very young child and parents, and takes appropriate action

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Working With Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others/mentoring</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p>	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> ○ Respecting and promoting the decision-making authority of families ○ Understanding and respecting the beliefs and practices of the family's culture ○ Following the parents' lead ○ Following through consistently on commitments and promises ○ Providing regular communications and updates • Works with and responds to families and colleagues in a tactful and understanding manner • Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families • Assists families to develop the skills they need to become their own advocates • Models appropriate behavior and interventions for new staff as they observe home visits • Encourages parents to share with other parents (eg, through nurturing programs, parent-child interaction groups) • Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services • Works constructively to find "win-win" solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts) • Provides emotional support to parents/caregivers and children when sad, distressed, etc
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>listening</i></p> <p style="text-align: center;"><i>speaking</i></p> <p style="text-align: center;"><i>writing</i></p>	<ul style="list-style-type: none"> • Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathetically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier • Writes clearly, concisely, and with the appropriate style (business, conversational, etc) in creating notes, reports, and correspondence

COMPETENCY DETAILS

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>analyzing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organizing</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” when analyzing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, ensuring follow up, and monitoring the effectiveness of service delivery as a whole
<p style="text-align: center;">Reflection</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p>	<ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants, or peers • Consults regularly with supervisor, consultants, peers to understand own capacities and needs, as well as the capacities and needs of families • Seeks a high degree of agreement between self-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in learning activities related to the promotion of infant mental health • Keeps up-to-date on current and future trends in child development and relationship-focused practice • Uses reflective practice throughout work with infants/very young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development

ENDORSEMENT® REQUIREMENTS

Education	Minimum of Bachelor of Arts (BA), Bachelor of Science (BS), Bachelor of Social Work (BSW), Bachelor of Nursing (BSN); and including Master of Arts (MA), Master of Science (MS), Master of Social Work (MSW), Master of Education (MEd), Master of Nursing (MSN), Master of Applied Studies (MAS), PhD, EdD, PsyD, official transcript
Training	Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in <i>Competency Guidelines</i>) have been met
Work Experience	Minimum two years of paid, post-Bachelor's, professional work experience providing services that promote infant mental health. Work experience meets this criterion as long as the applicant has: <ol style="list-style-type: none"> 1. Served a minimum of 10 families of infants/toddlers (birth to 36 months), and 2. A primary focus of the services provided is the social-emotional needs of infant/toddler, and 3. Services include attention to the relationships surrounding the infant/toddler
Reflective Supervision/Consultation	Minimum 24 clock hours within one- to two-year timeframe; post-Bachelor's, relationship-based, reflective supervision or consultation, individually or in a group while providing services to infants, very young children, and families. Provider of reflective supervision/consultation must have earned Endorsement® at III or IV-Clinical. For Bachelor's-prepared II applicants, reflective supervision/consultation that meets criteria for Endorsement® may come from a Master's-prepared professional who has earned II
Professional Reference Ratings <i>Please note: At least one rating must come from someone endorsed at II, III, or IV.</i>	Total of three ratings: <ol style="list-style-type: none"> 1. One from current program supervisor 2. One from person providing reflective supervision/consultation 3. One from another supervisor, teacher, trainer, consultant, colleague, or parent/recipient of service (paid or volunteer)
Code of Ethics & Endorsement® Agreement	Signed
Documentation of Competencies	Application will document that competencies have been adequately met through course work, work/volunteer experience, in-service training, and reflective supervision/consultation experiences. Written examination not required for applicants seeking Infant Family Specialist Endorsement®
Professional Membership	Membership in Aim Early Idaho

CONTINUING ENDORSEMENT® REQUIREMENTS

Education & Training	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in IMH association-sponsored activities such as book club, mentorship group). Documentation of training hours submitted with membership renewal
Professional Membership	Annual renewal of membership in Aim Early Idaho
Reflective Supervision	Aim Early Idaho recommends that all professionals endorsed as Infant Family Specialists receive a minimum of 12 hours of reflective supervision or consultation annually